P13000070981

| (Red | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | iress) | |
| (Add | lress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | | |
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Office Use Only



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OSECRETARY OF STATE ON STATE OF CORPORATIONS

HAR O 8 2017

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPO | RATION: | AMACARE INC | | 丁芸. |
|--|---|--|--|--|
| DOCUMENT NUM | P13000070981 | | | The state of the s |
| The enclosed Articles | s of Amendment and fee are su | bmitted for filing. | | |
| Please return all corre | espondence concerning this ma | tter to the following: | | |
| | NOEL PEREZ | | | |
| | | Name of Contact Perso | n . | |
| | ALL ABOUT OBAMACAR | E INC | | |
| | | Firm/ Company | | |
| | 311 DRAKE ELM DR | | | |
| | | Address | | |
| | KISSIMMEE, FL 34743 | | | |
| | | City/ State and Zip Cod | e | |
| all | laboutobamacare@gmail.co | m | | |
| _ | | to be used for future annua | al report notification) | — |
| | | | • , | |
| For further information | on concerning this matter, pleas | se call: | | |
| Noel Perez | | 321 | 443-9130 | |
| Name | of Contact Person | ··· | ode & Daytime Telephone Number | |
| Enclosed is a check f | or the following amount made | payable to the Florida Dep | artment of State: | |
| ■ \$35 Filing Fee | □\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | |
| | ailing Address | | Address dment Section | |
| Amendment Section Division of Corporations P.O. Box 6327 | | | on of Corporations | |
| | | Cliftor | ı Building | |
| Tai | llahassee, FL 32314 | | Executive Center Circle | |
| | | i allah | assee, FL 32301 | |

Articles of Amendment to Articles of Incorporation of

ALL ABOUT OBAMACARE INC

| (Name of Corporation as currently filed with t | ie Florida Dent. of State) | |
|--|--|--|
| | , and the state of | |
| 13000070981 | | |
| (Document Number of Corporati | on (if known) | |
| (Document Number of Corporations) (Document Number of Corporations) (Document Number of Corporation) (Document Number of Corporation | this corporation adopts the following amendme | |
| If amending name, enter the new name of the corporation | : | |
| EGUROS QUE SI, INC | - | |
| me must be distinguishable and contain the word "corpor Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," ord "chartered," "professional association," or the abbreviati | or "Co". A professional corporation name mi | |
| Enter new principal office address, if applicable: | 1248 South John Young Parkway | |
| Principal office address MUST BE A STREET ADDRESS | Kissimmee, FI 34741 | |
| | | |
| . Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office | address in Florida, enter the name of the | |
| (Mailing address <u>MAY BE A POST OFFICE BOX</u>) | address in Florida, enter the name of the | |
| (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office | address in Florida, enter the name of the | |
| (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent | nddress in Florida, enter the name of the ress: | |
| (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent | address in Florida, enter the name of the | |
| (Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent | nddress in Florida, enter the name of the ress: | |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

 $P = President; \ V = Vice \ President; \ T = Treasurer; \ S = Secretary; \ D = Director; \ TR = Trustee; \ C = Chairman or Clerk; \ CEO = Chief Executive Officer; \ CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.$

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add,

| Example: X Change | <u>PT</u> | John Do | <u>ne</u> | |
|-------------------------------|--------------|----------|-------------|---------|
| X Remove | <u>v</u> | Mike Jo | ne <u>s</u> | |
| X Add | <u>sv</u> | Sally Sp | <u>nith</u> | |
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | Address |
| l)Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 2) Change | | | | |
| Add | | _ | | |
| Remove | | | | |
| 3) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 4) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| | | | | |
| 5) Change | | _ | | |
| Add | | | | |
| Remove | | | | |
| 6) Change | | _ | | |
| Add | | | | |
| Remove | | | | |

| G. | If amending or adding additional Articles, enter change(s) here: |
|-----------|---|
| - (| (Attach additional sheets, if necessary). (Be specific) |
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| Н. | If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: |
| | (if not applicable, indicate N/A) |
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| · · · · · | MARCH 2, 2017 | |
|--|---|---------------------|
| The date of each amendment(s) adopt date this document was signed. | otion: | , if other than the |
| Effective date if applicable: | | |
| | (no more than 90 days after amendment file date) | _ _ |
| Adoption of Amendment(s) | (CHECK ONE) | |
| ☐ The amendment(s) was/were adopte by the shareholders was/were suffice | d by the shareholders. The number of votes cast for the amendment(s) cient for approval. | |
| | red by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast for | the amendment(s) was/were sufficient for approval | |
| by | " | |
| | (voting group) | |
| ☐ The amendment(s) was/were adopte action was not required. | d by the board of directors without shareholder action and shareholder | |
| ■ The amendment(s) was/were adopte action was not required. | d by the incorporators without shareholder action and shareholder | |
| MARCH 2, 2 | 017 | |
| Dated | | |
| | ///// _ | |
| Signature | | |
| | ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | fiduction by that fiduciary) | |
| NO | DEL PEREZ | |
| _ | (Typed or printed name of person signing) | _ |
| O | WNER | |

(Title of person signing)